MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.
10/577720
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

	CLAIMS ASFILED AFTER AFTER AFTER													
	AS FILED		1" AMENDMENT		AFIER 2 MAMENDMENT				AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT	
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